Approved by OMB 3060–0678

Date & Time Filed: Sep 14 2021 12:39:45:413PM File Number: SAT–STA–20210914–00121 Callsign:

FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

Extend UHF STA

1. Applicant								
	Name:	Planet Labs Inc.	Phone Number:	415-829-3313				
	DBA Name:		Fax Number:					
	Street:	645 Harrison Street	E-Mail:	mike@planet.com				
		Fourth Floor						
	City:	San Francisco	State:	CA				
	Country:	USA	Zipcode:	94107 –				
	Attention:	Mike Safyan						

2. Contact								
	Name:	Planet Labs Inc.	Phone Nu	umber:	415-829-3313			
	Company:		Fax Num	ber:				
	Street:	645 Harrison Street	E-Mail:		mike@planet.com			
		Fourth Floor						
	City:	San Francisco	State:		CA			
	Country:	USA	Zipcode:		94107 –			
	Attention:		Relations	ship:	Same			
 3. Reference File Number SATSTA2020081200097 or Submission ID 4a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Governmental Entity Noncommercial educational licensee Other(please explain): 								
4b. Fee Cl	4b. Fee Classification CXW – Space Station (Non–Geostationary)							
5. Type Request								
• Chan	Change Station Location Extend Expiration Date Other							
· ·	ary Orbit Loc	ation		· ·	tended Expiration Date			
n/	a			2021-10-1	4 00:00:00.0			

8. Description (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)									
Planet Labs Inc. respectfully requests a 30-day extension to continue operating additional UHF channels for its Flock satellites (S2912).									
9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject Yes No to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.									
10. Name of Person Signing Nathan Johnson		11. Title of Person Signing Associate Counsel							
12. Please supply any need attachments.									
Attachment 1: Exhibit A–Narrative	Attachment 2:		Attachment 3:						
	•								
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).									

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